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Trip Report 0897

HEALTH CARE FACILITY RESTRUCTURING AND RATIONALIZATION IN UKRAINE

Odessa, Nickolayev, L'viv, and Ternopil,
July 5-31, 1997

Prepared under Task Orders 381 and 391 by:
George P. Purvis III, MBA, FACHE
Igor Mozolevich, MD

submitted by ZdravReform Program to
USAID/ENI/HR/HP

USAID Contract No. CCN-0004-C-00-4023-00
Managed by ZdravReform Associates Inc.
with offices in Bethesda, Maryland, USA,
Moscow, Russia; Almaty, Kazakstan; Kiev, Ukraine

July 1997

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with offices in: Bethesda, Maryland, USA
Moscow, Russia; Almaty, Kazakhstan; Kiev, Ukraine
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I. EXECUTIVE SUMMARY:

The health care system of Ukraine is undergoing a major transition from a traditional Soviet model dominated by specialists, high referral rates, and a lack of effective primary medical care to one based on the concepts of family medicine, improved primary care and, concomitantly, less inpatient care. This reform process will require a total restructuring and rationalization of the health care delivery system, from top to bottom.

The major objective of this consultant's visit was to assist continued implementation of health reform by conducting seminars in health systems restructuring and rationalization as experienced in other CIS countries. Another objective was to do on-the-job training with eight local consultants by modeling their behavior which would be applied out in a series of follow-up activities by the local consultants.

The visit resulted in the following accomplishments:

- four-day seminars, Health Care Restructuring and Rationalization at the Rayon and District, in Odessa and L'viv for 60 participants, on;

- on-the-job training for eight local consultants for Ukraine in the practices and methods of health reform in the areas of restructuring and rationalization;

- field testing of the Zdrav*Reform*/Ukraine How-to Manual I.D., *Organizational Restructuring and Rationalization at the Rayon and District Level: How to Close Hospital Beds While Improving Access to Care.*

The consultant made a number of recommendations—some already acted on by Zdrav*Reform*/Ukraine—most of which call upon the Program to consider the format in which these health facility restructuring reviews will be made and reported (e.g., the level of review detail, to whom results will be reported); the time and effort that facilities and local consultants will have to devote to the review process if it indeed is decided to continue; quality control of the review process; refinements to the *Organizational Restructuring* manual; and dissemination of information about the restructure reviews.

II. BACKGROUND

The health care system of Ukraine is undergoing a major transition from a traditional Soviet model dominated by specialists, high referral rates, and a lack of effective primary medical care. The old Soviet system was labor intensive, favored frequent admissions to hospitals, long lengths of stay in the hospital, heavy referrals to specialists, and large numbers of visits to ancillary services, polyclinics physicians. A totally new national health care delivery system, based on the concepts of family medicine and improved primary care is under development. If the new system is successful, it should develop strong incentives to reduce unnecessary referrals to specialists and ancillary services, as well as reducing hospital admissions, the average length of stay in hospitals, and

eventually the resultant cost and labor associated with these unnecessary services. This reform process will require a total restructuring and rationalization of the health care delivery system, from top to bottom.

This consultancy was a continuation of a number of prior visits by Zdrav*Reform* consultants over the last three years to assist Ukraine in the design and implementation of health care reform, primarily in the areas of primary care, financial, and restructuring/rationalization areas.

This trip report, which covers the period July 5-30, 1997, describes the various activities in Odessa and L'viv with respect to teaching seminars and the training of counterpart consultants in Health Care Delivery Systems Restructuring and Restructuring. It also assesses the how-to manual on *Organizational Restructuring and Rationalization at the Rayon and District Level: How to Close Hospital Beds While Improving Access to Care*, and follows up with findings and recommendations.

III. OBJECTIVES

The SOW and major objectives were as follows:

- continue implementation of management restructuring and rationalization of health care delivery systems by conducting a seminar workshop on these principles;

- develop on-the-job training for local consultants

- field test Ukraine Product I.D. *Organizational Restructuring and Rationalization at the Rayon and District Level: How to Close Hospital Beds While Improving Access to Care.*

The definitive scope of work (SOW) for this trip is in the Annex section of this report.

IV. TRIP ACTIVITIES

The consultant's activities are in the Annex section of this report.

V. FINDINGS AND RECOMMENDATIONS

A. Background—Overview of Ukraine's Health System

The health system of the former USSR was chronically under-funded, and its successor states, including Ukraine, have inherited this legacy. The principal problems include: (1) poor quality of care; (2) shortages of medical supplies, medicines, and equipment; (3) inadequate facilities; and (4) inefficient use of existing resources. The health of Ukraine's population is also affected by a range of environmental hazards, including the after-

effects of the Chernobyl disaster. The number of doctors and hospital beds per 10,000 population in Ukraine in 1987 was 43 and 133 respectively.[1]

Life expectancy at birth in 1989 was 66.1 years for males and 75.2 years for females; these levels have not risen from their 1970 levels. The main causes of death in Ukraine are cardiovascular conditions, cancer, accidents, and respiratory illnesses. Circulatory disease alone accounted for over half of all deaths and for almost 30 percent of all years of potential life lost in 1988. The US Bureau of the Census estimates the infant mortality rate was 22.1 deaths per 1,000 live births in 1990.

The total fertility rate in 1990 was estimated to be 2.0 by the US Bureau of the Census. Almost no family planning services are available. An estimated eight out of ten conceptions are unplanned, and abortion is reportedly the most common method of controlling fertility (out of 1.6 million pregnancies, 700,000 are terminated by abortion, only 3 out of 10 of which are performed in a hospital). Only 17 percent of sexually active women use contraceptives (mostly IUDs). Local production of contraceptives is very limited. The maternal mortality ratio was 32.7 deaths per 100,000 live births in 1989, which is high compared to other national health indicators. Only 30 percent of deliveries are described as normal.

B. Findings

In the past year, the Zdrav*Reform* Program in Ukraine has expanded its efforts to a broader geographical area and refocused them on the training of local consultants and counterparts in the tools and techniques of health care reform in three major areas: primary care, restructuring and rationalization, and finance. This consultancy was the first of a number of planned programs to develop these local reform capabilities. It was meant to train about 60 local counterparts from throughout Ukraine on health care restructuring and rationalization, and to identify and train eight local consultants for further developmental work in this area.

The consultancy started in Odessa with a workshop/seminar to train 30 participants from central and eastern Ukraine, including four consultants, who would receive a second week of follow-up, on-the-job training at local hospital sites. The workshop was conducted over four days of intensive, interactive training on the principles and concepts of health reform, and specifically on restructuring and rationalization. (See Appendix for agenda and basic handout materials.) The workshop was designed to take the participants through a strategic planning process. The results of this process are available in the Zdrav*Reform* Odessa and L'viv Abt offices.

The second week was spend in Nicholayev, an industrial city located about a two-hour drive northeast of Odessa. The consultant led the four local consultants in a review of four health care facilities: an Adult Polyclinic, an Emergency Hospital, a Pediatrics

1 This section of the report draws heavily on USAID's Health Profile for Ukraine.

Hospital/Polyclinic, and a Rural Family Medicine Clinic. The methodology utilized was the *How-to Manual: Restructuring and Rationalization at the Rayon or District Level*, which Zdrav*Reform* consultants had previously developed for Ukraine. The four local consultants along with the international consultant spent one day at each institution reviewing the various potential restructuring and rationalization possibilities available at the institution. This was carried out through a series of meetings with key staff, a review of relevant data and statistics, a tour of the facility, and discussions with staff. At the end of each daily session the consultants met to review impressions, findings and recommendations. As these were training exercises, a formal report was not submitted to the facilities, but comments were shared with counterparts during the meetings. By completing this consultation process, the eight local consultants were trained on-the-job in the techniques and methods of restructuring and rationalization in health care reform.
This same two-week process—the workshop/seminar followed by training of four local consultants at local facilities—was carried out a second time in L'viv, and on-the-job training was done at the Oblast Health Department (OHD in the Ternopil area, 100 km east of L'viv. The comments of all of the eight local consultants confirmed that the process and procedure was a excellent design and could be used throughout Ukraine to assist with the restructuring and rationalization process

C. Recommendations

1. Zdrav*Reform* should review its objectives in carrying out the reviews led by local consultants. How and why will these studies be completed? Is the program meant to assist institutions with implementation or is it meant to only provide areas for review and follow up? Who will request these consultancies (the OHD or the facility chiefs)? Who will have access to and who will get a copy of the report? This process is highly political and health administrators are looking for areas to cut budgets and caution should be exercised! ***This is presently under discussion.***

2. The experience in Nicholayev and Ternopil should be used to refine the original version of the *Organizational Restructuring and Rationalization* manual. Although all of the material in the manual is excellent, the on-the-job sessions produced a number of additions which should be considered. These items include the Annual Report, Morbidity and Mortality Reports, additional comments for polyclinics and family medicine, and other useful documents. ***This has been included in the SOW of the new Deputy Director***.

The proposed Scope of Practice for consultants needs refinement. This was reviewed and discussed with all eight local consultants in Nicholayev and Ternopil, and comments follow:

a. The information and statistics section is too comprehensive and might be reduced;
b. The information and knowledge base is too extensive and might be shortened;
c. The decision making process needs refinement, as all items may not apply;
d. The implementation process is too extensive and needs to be adjusted;

e. The educational and administrative section needs refinement;
f. The collaboration section is extensive and should be revised to accommodate time demands;
g. Reporting appears to be too frequent and might be adjusted;
h. The section on evaluation needs to be developed with a three-month review as a first step.

3. A major problem noted in many previous trip reports is the problem of *grossly over-inflated workload figures*. In every institution, a long-term practice of overstating (2-10 times the actual workload) patient-days, outpatient visits, exams, etc. has become the norm. Personnel budgets are related to these reported figures. If an objective consultancy is to be conducted, this workload inflation must be highlighted. ***As this is common practice throughout the CIS, it may be best to just forget it as an issue.***

4. Consultant and facility time and effort needed for the reviews must be considered. The reviews may vary from simple to very detailed depending on the objectives highlighted above. A simple review may take 1-2 days, but a detailed review of statistics, finance and morbidity/mortality may take as long as 5-15 days to complete. Zdrav*Reform* should decide which type of review is needed and should discuss the advantages and disadvantages of each method. Another aspect of this issue is the problem of how the local consultants can do full-time Zdrav*Reform* work and still keep their other jobs. USAID experience in other countries has shown that they will *not* quit their existing positions, but might allot 1-3 days per week to Program activities. This will need to be clarified in writing before consulting activities begin. ***This is presently under discussion.***

5. A close review of the local consultants' findings and recommendation will be necessary if a quality product is desired. Some consultants have strong opinions and a process to ensure their ***objectivity and professional presentation*** will be required. Considering the political nature of some of these recommendations, a good quality control process of the consultants' reports will be needed before presentation. ***This is part of the Deputy Director's SOW***.

6. The real value in this consulting process is the creation of new knowledge, and this needs to be shared in some way with a larger forum. Mechanisms such as workshops, seminars and publications should be used to get these "lessons learned" out to a larger Ukraine audience. ***This item may be the biggest area of contribution of the entire ZdravReform/Ukraine program.***

7. As the Ukraine Program is now expanded to a larger number of oblasts, a process of decisionmaking with respect to who gets priority of the consultants' time will be needed. Consultants may want to start out in groups of two until they get more familiar with the process; after a few weeks together, they could go out on their own. The consultants will need a forum to weigh recommendations in the beginning, and they may get off to a better start, if an initial period of collegial discussion is available.

8. The Zdrav*Reform* Program will need to decide which area (primary care, restructuring/ rationalization, or finance) will take priority and who (which consultants) will do what in which of the three areas. The consultants selected for the restructuring and rationalization training may need to work with consultants from the other two areas. Most of the issues are interrelated and a review of one institution will probably discover issues in all areas. Will consultants work in all three area or will they specialize in one area? ***This is presently under discussion.***

9. Any evaluation of the consultants' performance should effectively handle a number of result areas in addition to just closing beds and reducing staff. The "easy beds" have been closed and the "easy" personnel let go. The areas of sharing information and lessons learned, changing attitudes, and developing solutions to difficult areas (social patients, norms, paid services, taxation, etc.) should be considered in any evaluation of performance for local consultants.

10. Local consultant will represent Zdrav*Reform,* Abt Associates, Inc and, through USAID, the US government, and they will need to develop acceptable standards of consultant behavior, dress, report presentation, and other areas of consulting practice, including business cards, report formats, report binders, acceptable language in reports, as well as other areas of professionalism. ***In consulting, "presentation" is 50 percent of the product and this will need to be done in an effective manner. Counterparts will remember the impression consultants make, long after the recommendations are forgotten.***

VI. EVALUATION

With regard to the Restructuring and Rationalization Seminar/Workshop, an evaluation at the end of the L'viv course was handed out to all participants. The evaluation form was the standard Zdrav*Reform* form which covered a number of areas with a scoring system: 1 (very bad), 2 (satisfactory), 3 (average), 4 (good), and 5 (excellent). The questions and ratings are as follows:

Evaluation of Course Materials and Personnel:

1. General Overall Evaluation of the Course:		9-good,	14-excellent
2. Appropriateness of materials:		11-good,	12-excellent
3. Instructors:			
Purvis:		3-good,	21-excellent
Mozolevich:	1-bad, 1-satisfactory, 3-average,	10-good,	6-excellent
4. Translation of slides:		6-good,	15-excellent
5. Interpreters and translation:		1-good,	21-excellent
6. How Much Have You Learned:	1-average,	14-good,	6-excellent
7. Logistics:		5-good,	17-excellent

Evaluation of the Course Topics and Activities:

a. Restructuring and Environmental Assessment:	1-average,	5-good,		17-excellent
b. Rationalization and Performance:	1-bad,	1-average,	8-good,	9-excellent
c. Personnel Management:	1-satis.	2-average,	6-good,	15-excellent
d. Implementing Change:			11-good,	12-excellent
e. Group Activities:	1-bad,	1-satisfactory,	4-good,	17-excellent

(Note: ratings do not necessarily add up to 23, as not every participant rated each area)

Comments and Suggestions:

A variety of comments were given by participants and the exact wording and suggestions are on file at Zdrav*Reform*/Ukraine. In general they are as follows:

1. What did you like the most:
Small group discussions, teaching methods, new ideas, brainstorming, and logistics;

2. What did you like the least:
Weather, and the hotel;

3. Was the International and American experience relevant:
Yes, enough, , and other countries' experience very helpful;

4. Suggestions:
Nothing, copy of video, more summary at end, more breaks, more Abt experience in other countries, and more up-to-date statistics on international comparisons.

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Telyukov, A.., Integrated System of Cost Accounting and Analysis for In-Patient Care Providers Tomsk Oblast Teaching Hospital, 1994.

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Wouters, A. and Brad Else, Implementing User Fees and Related Management Accounting Systems, L'viv IDS, November 1995.

Wouters, A., Implementing User Fees and Decentralized Management Accounting Systems in City Hospital No.1, L'viv IDS, November 1995.

Wouters, Annemarie, Progress Report: Financial Management Systems for User Fees in L'viv City Hospital #1, Zhovkva Central Rayon Hospital, and Potential Roll-Out to Skolie and Yavoriv, July 1996.

B. PERSONS CONTACTED

USAID Kiev:
Michelle Varnhagen, Project Officer

Abt L'viv/Kiev:
Jim Owens, Country Director
Anne Sochan, Deputy Country Director
Borys Uspensky, IDS Manager L'viv

Abt Odessa:
Victor Omelchenko, IDS Manager
Sergey Kolesnik, Interpreter

Nickolayev:
Anatoly P. Odnosumov, Head Physician, Adult Polyclinic
Yarovoi, Anatoli Leontgvich, Chief Doctor, Urgent/Emergency Care Hospital

Consultant List:
Akim Izrailevich Litvak - Odessa
Orysia Ivanovna Blikhar - Odessa
Yuriy Grigorievich Polischuk - Nicholayev
Inna Vasilievich Khaldeeva -Crimea

Odessa and L'viv Seminar Participants:

Odessa City
1. Blikhar Orysia Ivanovna, Instructor of Family Medicine, Odessa Medical University
2. Litvak Akim Izrailevich, Candidate of Medical Sciences, Advisor to Zdrav*Reform*
3. Sereda Igor Vladimirovich Doctor at Children Polyclinic No.6
4. Krazhanovskiy Yurij Nicolaevich, Instructor of Family Medicine, OMU

Odessa Oblast
5. Bayrak Valeriy Ivanovich, Chief Doctor, of Savrani Central Rayon Hospital
6. Gritsenko Vladimir Konstantinovich, Chief Doctor, Kominternovo Central Rayon Hospital
7. Burlaka Grigoriy Yacovlevich, Chief Doctor, Liubashovka Central Rayon Hospital
8. Borsch Vitaliy Ivanovich, Chief Doctor, Kodyma Central Rayon Hospital

Crimea
9. Khaldeeva Inna Vasilievna, Doctor-Methodist of Republican Pediatric Hospital
10. Chudinov SergeyAlexandrovich, Head of City Health Care Department
11. Minachov Aleksey Andreevich, Head of City Health Administration

Dnepropetrovsk & Dneprodnerzhinsk
12. Kurysh Valentina Onisimovna, Municipal Surgeon, Municipal Health Administration
13. Semenova Ludmila Sergeevna, Dnepropetrovsk Medical Univ. Social Welfare Dept.
14. Kolesnik Vladimir Viktorovich, Deputy Head Doctor Oblast Oncological Hospital

Nikolayev & oblast
15. Polischuk Yurij Grigorievich, Head of the City Health Care Deptartment
16. Savchuk Alexandr Terentievich, Head Doctor, Nickolayev Delivery Hospital No.2
17. Kreitor Alexanr Anatolievich, Head Doctor, Municipal Polycliniv No.2
18. Zhamlinskiy Nicolay Ivanovich, Chairman, Trade Union Polycinic
19. Briadko Viktor Semionovich, Chief Specialist, Health Care Deptartment.

Kherson & oblast
20. Pasika Andrey Vladimirovich, Head, Department for Provision Care for Adults

Chernovtsy
21. Tarallo Vladimir Leonidovich, Director of Scientific Center

Poltava oblast
22. Mulko Victor Ivanovich Director of “Obriy"

Zhitomir
23. Galinskiy Yuriy Yacovlevich, Deputy Director, Oblast Health Administration
24. Marchenko Victor Fedorovich, Head Doctor, Children Polyclinic
25. Khrenov Vladimir Ivanovich, Head Doctor, “Zdorovie”
26. Kravets Valeriy Nicolaevich, Oblast Health Administration
27. Bespoludina Galina Vasilievna, Lugansk Medical University, Dept of Social Medicine

VIII. ANNEXES

A. SCOPE OF WORK

NAME: George P. Purvis

DATES OF VISIT: July 5- August 1, 1997

COLLABORATING ZDRAVREFORM TEAM MEMBERS: Jim Owens

WORK SITES: Odessa and L'viv, Ukraine

TASKS:
1. Develop materials for a 4 day seminar for counterparts in Health Care Restructuring , Rationalization and Health Care Management;
2. Conduct the course "Health Care Restructuring" for 30 participants in Odessa and L'viv;
3. Provide follow-up on the job training for selected local consultants on how to restructure and rationalize at the Oblast and Rayon Levels.

OUTPUTS:
1. Materials and handouts for the Seminar.
2. Trip Report including findings and recommendations for follow up activities.

BACKGROUND OF THE CONSULTANT:
George P. Purvis, M.B.A., is an international health and hospital management consultant who has worked in twenty countries in Europe, Asia, and Africa over the last twenty years. Originally trained as an industrial engineer, with an MBA in Finance, he has spent his entire career working on the issues of revenue, cost and quality in health and medical institutions and with governments. He has held positions as Chief Financial Officer, Chief Operations Officer, and Chief Executive Officer for a number of domestic and international health care organizations, as well as being a consultant to physician offices, hospitals, polyclinics, PHC programs, developmental foundations, and Ministries of Health. He is a Fellow of the American College of Healthcare Executives (ACHE) and the Healthcare Financial Management Association (HFMA).

B. TRIP ACTIVITIES:

July 5/6: Traveled from Philadelphia to Odessa via Frankfurt and met with Abt consultant Mozolevich to discuss work plans, activities and priorities.

July 7: Met with Victor Omelchenko and Odessa office staff to discuss work and seminar activities**,** plans for trip to Nicholayev the second week, and other Zdrav*Reform* issues.

July 8-11: Prepared materials and conducted the course in Health Delivery Systems Restructuring and Rationalization for 30 participants in Odessa; and met with local consultants to discuss plans and process for second week in Nicholayev and on-the-job training;

July 12/13: Reviewed workshop process and evaluations and made plans for training of local consultants on restructuring and rationalization on-the-job training to be conducted during the next week in Nicholayev.

July 14-17: Travel to/from Nickolayev and conducted on-the-job training at four sites, including an Adult Polyclinic, an Urgent/Emergency Hospital, a Pediatric Hospital and Polyclinic, and a Family Medicine Ambulatory in a rural area;

July 18-20: Traveled to Kiev and met with Zdrav*Reform*/Ukraine director Jim Owens and USAID Project Officer Michelle Varnhagen on results, problems, priorities, and future plans. Adjusted course materials and on-the-job training materials from lessons learned in Odessa and Nicholayev in preparation for L'viv.

July 20/21: Traveled to L'viv and met with Borys Uspensky, counterparts and Abt personnel to discuss plans and priorities. Began to conduct the seminar on arrival day in L'viv, and met with Ternopil counterparts to discuss on the job training plans and priorities.

July 21-25: Conducted course in Restructuring and Rationalization for 30 participants in L'viv and met with local consultants to discuss on the job training process; met with local Zdrav*Reform* staff to discuss preparations for Ternopil and course evaluations;

July 26/27: Worked in the Zdrav*Reform* office on the recommendations, data analysis and presentation, trip report preparation and other project related activities; met with staff to discuss SOW for Deputy Director, evaluation of consultants and other project issues.

July 28-31: Worked on follow up and on the job training with local consultants in Ternopil, and visited with the OHD, a city hospital, and the Oblast Clinical Hospital.

August 1: Traveled from L'viv to Philadelphia via Frankfurt.

C. COURSE HANDOUTS

The following sections include some materials and handouts from the course excluding the Manual on How to Restructure and Rationalize Health Care Systems:

UKRAINE HEALTH CARE RESTRUCTURING
EXHIBIT A
General Course Outline — Daily Themes

Day #1 — Health Delivery in a Real World:
RESTRUCTURING and ASSESSING THE ENVIRONMENT

Day #2 — Building Organizations to Work in the New Environment:
RATIONALIZATION, PURPOSE AND PERFORMANCE

Day #3 — People do the Work: Human Resources Management
HELPING PERSONNEL PERFORM

Day #4 — Developing Effective Tools:
IMPLEMENTING CHANGE

Specific Course Outline — Daily Times and Topics

Day #1 Health Delivery in a Real World: Assessing the Environment

09:00-10:00	Official Introductions by IDS Manager Introduction to the Course Materials
10:00-11:00	Warm-up Exercise: Expectations and Introductions by Course Participants
11:00-11:15	Coffee Break
11:15-11:30	**The Management Process:** Planning, Organizing, Staffing, Directing, and Controlling principles and concepts.
11:30-1:00	**Strategic Thinking Model for Successful Organizations** Strengths, Weaknesses, Opportunities, and Threats (SWOT's) of the existing system of health care delivery in Ukraine
1:00-2:00	Lunch
2:00-3:00	**Health Care System Restructuring Principles**
3:00-3:15	Coffee Break
3:15-4:30	**International Comparisons** and CIS and Ukraine problems, comparisons

Day #2— Building Organizations to Work in the New Environment: Rationalization, Purpose and Performance

09:00-10:30	Review/Recap of previous day ***Medical Systems Model:*** *Cost/Quality/Access Triangle and Levels of Medical Care (Primary, Secondary, Tertiary) Chart*

10:30-11:00	**Strategic Thinking Model of Rationalization**
11:00-1:00	(Cluster groups by common service level: Rayon/Referral Hospitals MOH, etc.) Exercise**: Develop a Purpose/Mission Statement** for specific types of organization, with reporting back by groups.
1:00-2:00	(Lunch)
2:00-2:15	**The world has changed**: major trends in last ten years
2:15-2:30	**Organizational Principles**: Autonomy Principles and Decentralization Concepts
2:30-3:00	**Building Organizational Structures in a New World Environment**
3:00-3:15	Coffee Break
3:15-*4:30*	**Case of the Optimistic New Oblast Governor** with Reporting back by Groups and Summary

Day #3 People Do the Work: Helping Personnel Performance

09:00-10:15	Review/recap Day 2
10:15-11:00	**Organization Restructuring: Changing How Organizations Perform in the New Environment**
11:00-11:15	Coffee Break
11:15-1:00	Organizational Design, Job Design, Job Rotation, and Norms, Standards, Productivity and Performance, and Training Group Exercise: **Case of Enthusiastic Rayon Chief Doctor**
1:00-2:00	Lunch
2:00-3:00	Group Reporting out of Case Results Rationalization and Restructuring: Downsizing Issues and Concerns
3:00-3:15	Coffee Break
3:15-4:30	Group Exercise**: Brainstorming:** How to improve system w/no new funds, How to handle Social Welfare Patients, and What to do with excess staff and alternative sources of revenue

Day #4 Developing Effective Tools: Implementing Change

09:00-10:15	Review/Recap of Day 3
10:15-11:00	**Rationalization and Health Facilities Management**
11:00-11:15	Coffee Break
11:15-1:00	**Health Economics, Payment Systems, Incentives, and Rationalization Concepts for Implementation**
1:00-2:00	Lunch
2:00-3:00	**Vision Exercise: Ukraine Health System in 2002**
3:00-3:15	Coffee Break
3:15-4:15	Exercise: **Case of the Overwhelmed Facility Manager**
4:15-4:30	Evaluations/Certificates

The Party and The End

EXHIBIT B

STRATEGIC THINKING PROCESS

A. ENVIRONMENTAL ASSESSMENT
(INTERNAL: STRENGTHS AND WEAKNESSES)
(EXTERNAL: OPPORTUNITIES AND THREATS)
IDENTIFY CRITICAL ISSUES
B. MISSION OR PURPOSE
C. STRATEGIES
D. VISION
E. GOALS AND OBJECTIVES

EXHIBIT C

SUPPLEMENTARY COURSE MATERIALS

INTERNATIONAL TRENDS IN HOSPITAL CARE

- significant reductions in the lengths of stay in the hospital for all types of cases
- rigorous screening of admissions and ancillary services (lab, x-ray, p.t., etc.)
- increasing diagnostic workups and treatments on an out-patient basis
- significant increases in out-patient surgery
- implementation of hospital day-beds
- payment on a per case basis vs. on a per day basis
- implementation of capitation payment programs for hospital care as well as physician care
- rigorous concurrent utilization review of hospital and physician services
- improved scheduling of patients (early A.M. to late P.M. and Saturday hours)
- consolidation of facilities, and merger of smaller units into larger facilities

EXHIBIT D

THE WORLD HAS CHANGED: Major International Trends

1. *The Global Marketplace: International Competition for Goods and Services*
2. *Breakdown of Centralized Hierarchies: Decline of large, command and control structures.*
3. *Rise of Nationalism / Federalism / Localism: people wanting more control of own environment*
4. *Movement away from public financial health care system: Privatization and Managed Care*
5. *Downsizing of Companies / Businesses into smaller, more productive units.*
6. *Improving Quality with reduced cost*
7. *Increased networking and information systems*
8. *Rise of new markets*

Name	Facility/Rayon	Position	Tel.
		Lviv Oblast	
Mykhaylo Bihun	Drogobych Central Rayon Hospital	Polyclinic Chief Doctor	(244) 205 22
Vadym Oliynyk	Lviv City Hospital #3	Chief Doctor	(0322) 74 41 45
Petro Fedun	Zolochiv Central Rayon Hospital	Chief Doctor	(265) 321 36
Lyubomyra Lutsevych	Lviv CH #1	Polyclinic Chief Doctor	(0322) 523 300
		Lviv Medical University	
Yaroslav Bazylevych	Health Administration Department	Head	75 92 43
		Zakarpatska oblast	
Leonid Magaryta	Oblast Clinic Hospital	Deputy Head Doctor on Organization and Methods	
Lidiya Karpiy	Uzhgorod City Hospital	Deputy Head Doctor on Outpatient Service	
Volodymyr Stoyka	Tyachiv CRH	Deputy Head Doctor on Facility Network	
Lyubov Galay	Hust CRH	Deputy Head Doctor on Facility Network	
Olena Semediy	Irshava CRH	Deputy Head Doctor	
		Ternopil Oblast	
Hanna Grabovska	Oblast Health Care Department	Deputy Head	
Vitaliy Bobko	Oblast Informational/ Analitical Center	Chief Doctor	
Lyubomyr Synoverskiy	Zalischiky CRH	Chief Doctor	
Myroslav Girnyak	Oblast Clinical Hospital	Chief Doctor	
		Ternopil State Medical Acadamy	
Olexander Golyachenko	Social Medicine/ Administration Department	Head	
		Ivano-Frankivsk Oblast	
Maria Shchetsyak	City Health Department	Acting Head	
Mykhaylo Yavorskiy	Tlumach CRH	Chief Doctor	
Anatoliy Voronetskiy	Kalush CRH	Deputy Chief Doctor	
Andriy Guliy	Oblast Health Care Department	Deputy Head	
		Volyn Oblast	
Andriy Yagenskiy	Lutsk City Hospital	Rheumatology Department Head	

Kiev			
Ivan Furtak	Lviv medical University, President Administration		
Victor Ponomarenko	Kiev Health Institute	Director	
Borys Palamar	Kiev Territorial Medical Amalgamation	Deputy DIrector	
Svitlana Pivovarova	AzovStal Plant, Health Ambulatory, Mariupol, Donetsk Oblast	Chief Doctor	(892) 353 187 (829) 283 236
Victor Galayda			
Andriy Huk			
Bogdan Shmyndyuk			
Igor Mozolevych			

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